

# ***In the House of Representatives, U. S.,***

*November 12, 2013.*

*Resolved*, That the bill from the Senate (S. 252) entitled “An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity.”, do pass with the following

## **AMENDMENTS:**

Strike out all after the enacting clause and insert:

### **1    *SECTION 1. TABLE OF CONTENTS.***

### **2            *The table of contents for this Act is as follows:***

*Sec. 1. Table of contents.*

#### ***TITLE I—PREEMIE ACT REAUTHORIZATION***

*Sec. 101. Short title.*

*Sec. 102. Research and activities at the Centers for Disease Control and Prevention.*

*Sec. 103. Activities at the Health Resources and Services Administration.*

*Sec. 104. Other activities.*

#### ***TITLE II—NATIONAL PEDIATRIC RESEARCH NETWORK***

*Sec. 201. Short title.*

*Sec. 202. National Pediatric Research Network.*

#### ***TITLE III—CHIMP ACT AMENDMENTS***

*Sec. 301. Short title.*

*Sec. 302. Care for NIH chimpanzees.*

# ***TITLE I—PREEMIE ACT REAUTHORIZATION***

## ***SEC. 101. SHORT TITLE.***

*This title may be cited as the “Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act” or the “PREEMIE Reauthorization Act”.*

## ***SEC. 102. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.***

*(a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f) is amended by striking subsection (b) and inserting the following:*

*“(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—*

*“(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—*

*“(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;*

1           “(B) conduct activities to improve national  
2           data to facilitate tracking the burden of preterm  
3           birth; and

4           “(C) continue efforts to prevent preterm  
5           birth, including late preterm birth, through the  
6           identification of opportunities for prevention  
7           and the assessment of the impact of such efforts.

8           “(2) *REPORT*.—Not later than 2 years after the  
9           date of enactment of the *PREEMIE* Reauthorization  
10          Act, and every 2 years thereafter, the Secretary of  
11          Health and Human Services, acting through the Di-  
12          rector of the Centers for Disease Control and Preven-  
13          tion, shall submit to the appropriate committees of  
14          Congress reports concerning the progress and any re-  
15          sults of studies conducted under paragraph (1).”.

16          (b) *REAUTHORIZATION*.—Section 3(e) of the *Pre-*  
17          *maturity Research Expansion and Education for Mothers*  
18          *who deliver Infants Early Act* (42 U.S.C. 247b–4f(e)) is  
19          amended by striking “\$5,000,000” and all that follows  
20          through “2011.” and inserting “\$1,880,000 for each of fiscal  
21          years 2014 through 2018.”.

22       **SEC. 103. ACTIVITIES AT THE HEALTH RESOURCES AND**  
23       **SERVICES ADMINISTRATION.**

24          (a) *TELEMEDICINE AND HIGH-RISK PREGNANCIES*.—  
25          Section 330I(i)(1)(B) of the Public Health Service Act (42

1 *U.S.C. 254c–14(i)(1)(B)) is amended by striking “or case*  
 2 *management services” and inserting “case management*  
 3 *services, or prenatal care for high-risk pregnancies”;*

4 (b) *PUBLIC AND HEALTH CARE PROVIDER EDU-*  
 5 *CATION.—Section 399Q of the Public Health Service Act*  
 6 *(42 U.S.C. 280g–5) is amended—*

7 (1) *in subsection (b)—*

8 (A) *in paragraph (1), by striking subpara-*  
 9 *graphs (A) through (F) and inserting the fol-*  
 10 *lowing:*

11 “(A) *the core risk factors for preterm labor*  
 12 *and delivery;*

13 “(B) *medically indicated deliveries before*  
 14 *full term;*

15 “(C) *the importance of preconception and*  
 16 *prenatal care, including—*

17 “(i) *smoking cessation;*

18 “(ii) *weight maintenance and good nu-*  
 19 *trition, including folic acid;*

20 “(iii) *the screening for and the treat-*  
 21 *ment of infections; and*

22 “(iv) *stress management;*

23 “(D) *treatments and outcomes for pre-*  
 24 *mature infants, including late preterm infants;*

1           “(E) the informational needs of families  
 2           during the stay of an infant in a neonatal inten-  
 3           sive care unit; and

4           “(F) utilization of evidence-based strategies  
 5           to prevent birth injuries;”; and

6           (B) by striking paragraph (2) and inserting  
 7           the following:

8           “(2) programs to increase the availability,  
 9           awareness, and use of pregnancy and post-term infor-  
 10          mation services that provide evidence-based, clinical  
 11          information through counselors, community outreach  
 12          efforts, electronic or telephonic communication, or  
 13          other appropriate means regarding causes associated  
 14          with prematurity, birth defects, or health risks to a  
 15          post-term infant;”; and

16          (2) in subsection (c), by striking “\$5,000,000”  
 17          and all that follows through “2011.” and inserting  
 18          “\$1,900,000 for each of fiscal years 2014 through  
 19          2018.”.

20 **SEC. 104. OTHER ACTIVITIES.**

21          (a) *INTERAGENCY COORDINATING COUNCIL ON PRE-*  
 22          *MATURITY AND LOW BIRTHWEIGHT.*—*The Prematurity Re-*  
 23          *search Expansion and Education for Mothers who deliver*  
 24          *Infants Early Act is amended by striking section 5 (42*  
 25          *U.S.C. 247b–4g).*

1       (b) *ADVISORY COMMITTEE ON INFANT MORTALITY.*—

2               (1) *ESTABLISHMENT.*—*The Secretary of Health*  
 3       *and Human Services (referred to in this section as*  
 4       *the “Secretary”)* may establish an advisory committee  
 5       *known as the “Advisory Committee on Infant Mor-*  
 6       *tality” (referred to in this section as the “Advisory*  
 7       *Committee”).*

8               (2) *DUTIES.*—*The Advisory Committee shall pro-*  
 9       *vide advice and recommendations to the Secretary*  
 10       *concerning the following activities:*

11               (A) *Programs of the Department of Health*  
 12       *and Human Services that are directed at reduc-*  
 13       *ing infant mortality and improving the health*  
 14       *status of pregnant women and infants.*

15               (B) *Strategies to coordinate the various*  
 16       *Federal programs and activities with State,*  
 17       *local, and private programs and efforts that ad-*  
 18       *dress factors that affect infant mortality.*

19               (C) *Implementation of the Healthy Start*  
 20       *program under section 330H of the Public*  
 21       *Health Service Act (42 U.S.C. 254c–8) and*  
 22       *Healthy People 2020 infant mortality objectives.*

23               (D) *Strategies to reduce preterm birth rates*  
 24       *through research, programs, and education.*

1           (3) *PLAN FOR HHS PRETERM BIRTH ACTIVITIES.*—Not later than 1 year after the date of enactment of this section, the Advisory Committee (or an advisory committee in existence as of the date of enactment of this Act and designated by the Secretary) shall develop a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan, as appropriate. The plan shall—

11                   (A) *examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;*

17                   (B) *identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication;*  
23                   *and*

1                   (C) reflect input from a broad range of sci-  
 2                   entists, patients, and advocacy groups, as appro-  
 3                   priate.

4                   (4) *MEMBERSHIP.*—The Secretary shall ensure  
 5                   that the membership of the Advisory Committee in-  
 6                   cludes the following:

7                   (A) Representatives provided for in the  
 8                   original charter of the Advisory Committee.

9                   (B) A representative of the National Center  
 10                  for Health Statistics.

11               (c) *PATIENT SAFETY STUDIES AND REPORT.*—

12               (1) *IN GENERAL.*—The Secretary shall designate  
 13               an appropriate agency within the Department of  
 14               Health and Human Services to coordinate existing  
 15               studies on hospital readmissions of preterm infants.

16               (2) *REPORT TO SECRETARY AND CONGRESS.*—  
 17               Not later than 1 year after the date of the enactment  
 18               of this Act, the agency designated under paragraph  
 19               (1) shall submit to the Secretary and to Congress a  
 20               report containing the findings and recommendations  
 21               resulting from the studies coordinated under such  
 22               paragraph, including recommendations for hospital  
 23               discharge and followup procedures designed to reduce  
 24               rates of preventable hospital readmissions for preterm  
 25               infants.



1   **TITLE II—NATIONAL PEDIATRIC**  
 2           **RESEARCH NETWORK**

3   **SEC. 201. SHORT TITLE.**

4           *This title may be cited as the “National Pediatric Re-*  
 5   *search Network Act of 2013”.*

6   **SEC. 202. NATIONAL PEDIATRIC RESEARCH NETWORK.**

7           *Section 409D of the Public Health Service Act (42*  
 8   *U.S.C. 284h; relating to the Pediatric Research Initiative)*  
 9   *is amended—*

10           *(1) by redesignating subsection (d) as subsection*  
 11           *(f); and*

12           *(2) by inserting after subsection (c) the fol-*  
 13   *lowing:*

14           *“(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—*

15           *“(1) NETWORK.—In carrying out the Initiative,*  
 16   *the Director of NIH, in consultation with the Director*  
 17   *of the Eunice Kennedy Shriver National Institute of*  
 18   *Child Health and Human Development and in col-*  
 19   *laboration with other appropriate national research*  
 20   *institutes and national centers that carry out activi-*  
 21   *ties involving pediatric research, may provide for the*  
 22   *establishment of a National Pediatric Research Net-*  
 23   *work in order to more effectively support pediatric re-*  
 24   *search and optimize the use of Federal resources. Such*

1     *National Pediatric Research Network may be com-*  
 2     *prised of, as appropriate—*

3             *“(A) the pediatric research consortia receiv-*  
 4             *ing awards under paragraph (2); or*

5             *“(B) other consortia, centers, or networks fo-*  
 6             *cused on pediatric research that are recognized*  
 7             *by the Director of NIH and established pursuant*  
 8             *to the authorities vested in the National Insti-*  
 9             *tutes of Health by other sections of this Act.*

10            *“(2) PEDIATRIC RESEARCH CONSORTIA.—*

11            *“(A) IN GENERAL.—The Director of NIH*  
 12            *may award funding, including through grants,*  
 13            *contracts, or other mechanisms, to public or pri-*  
 14            *vate nonprofit entities for providing support for*  
 15            *pediatric research consortia, including with re-*  
 16            *spect to—*

17            *“(i) basic, clinical, behavioral, or*  
 18            *translational research to meet unmet needs*  
 19            *for pediatric research; and*

20            *“(ii) training researchers in pediatric*  
 21            *research techniques in order to address*  
 22            *unmet pediatric research needs.*

23            *“(B) RESEARCH.—The Director of NIH*  
 24            *shall, as appropriate, ensure that—*

1           “(i) each consortium receiving an  
 2           award under subparagraph (A) conducts or  
 3           supports at least one category of research  
 4           described in subparagraph (A)(i) and collec-  
 5           tively such consortia conduct or support  
 6           such categories of research; and

7           “(ii) one or more such consortia pro-  
 8           vide training described in subparagraph  
 9           (A)(ii).

10          “(C) ORGANIZATION OF CONSORTIUM.—  
 11          Each consortium receiving an award under sub-  
 12          paragraph (A) shall—

13           “(i) be formed from a collaboration of  
 14           cooperating institutions;

15           “(ii) be coordinated by a lead institu-  
 16           tion or institutions;

17           “(iii) agree to disseminate scientific  
 18           findings, including from clinical trials, rap-  
 19           idly and efficiently, as appropriate, to—

20           “(I) other consortia;

21           “(II) the National Institutes of  
 22           Health;

23           “(III) the Food and Drug Admin-  
 24           istration;

1 “(IV) and other relevant agencies;

2 and

3 “(iv) meet such requirements as may

4 be prescribed by the Director of NIH.

5 “(D) SUPPLEMENT, NOT SUPPLANT.—Any

6 support received by a consortium under subpara-

7 graph (A) shall be used to supplement, and not

8 supplant, other public or private support for ac-

9 tivities authorized to be supported under this

10 paragraph.

11 “(E) DURATION OF SUPPORT.—Support of

12 a consortium under subparagraph (A) may be

13 for a period of not to exceed 5 years. Such period

14 may be extended at the discretion of the Director

15 of NIH.

16 “(3) COORDINATION OF CONSORTIA ACTIVI-

17 TIES.—The Director of NIH shall, as appropriate—

18 “(A) provide for the coordination of activi-

19 ties (including the exchange of information and

20 regular communication) among the consortia es-

21 tablished pursuant to paragraph (2); and

22 “(B) require the periodic preparation and

23 submission to the Director of reports on the ac-

24 tivities of each such consortium.

1           “(4) *ASSISTANCE WITH REGISTRIES.*—*Each con-*  
 2           *sortium receiving an award under paragraph (2)(A)*  
 3           *may provide assistance, as appropriate, to the Centers*  
 4           *for Disease Control and Prevention for activities re-*  
 5           *lated to patient registries and other surveillance sys-*  
 6           *tems upon request by the Director of the Centers for*  
 7           *Disease Control and Prevention.*

8           “(e) *RESEARCH ON PEDIATRIC RARE DISEASES OR*  
 9           *CONDITIONS.*—*In making awards under subsection (d)(2)*  
 10          *for pediatric research consortia, the Director of NIH shall*  
 11          *ensure that an appropriate number of such awards are*  
 12          *awarded to such consortia that agree to—*

13           “(1) *consider pediatric rare diseases or condi-*  
 14          *tions, or those related to birth defects; and*

15           “(2) *conduct or coordinate one or more multisite*  
 16          *clinical trials of therapies for, or approaches to, the*  
 17          *prevention, diagnosis, or treatment of one or more pe-*  
 18          *diatric rare diseases or conditions.”.*

## 19                   **TITLE III—CHIMP ACT** 20                   **AMENDMENTS**

### 21   **SEC. 301. SHORT TITLE.**

22          *This title may be cited as the “CHIMP Act Amend-*  
 23          *ments of 2013”.*

1 **SEC. 302. CARE FOR NIH CHIMPANZEES.**

2 (a) *IN GENERAL.*—Section 404K(g) of the Public  
3 Health Service Act (42 U.S.C. 283m(g)) is amended—

4 (1) by amending paragraph (1) to read as fol-  
5 lows:

6 “(1) *IN GENERAL.*—Of the amount appropriated  
7 for the National Institutes of Health, there are au-  
8 thorized to be appropriated to carry out this section  
9 and for the care, maintenance, and transportation of  
10 all chimpanzees otherwise under the ownership or  
11 control of the National Institutes of Health, and to  
12 enable the National Institutes of Health to operate  
13 more efficiently and economically by decreasing the  
14 overall Federal cost of providing for the care, mainte-  
15 nance, and transportation of chimpanzees —

16 “(A) for fiscal year 2014, \$12,400,000;

17 “(B) for fiscal year 2015, \$11,650,000;

18 “(C) for fiscal year 2016, \$10,900,000;

19 “(D) for fiscal year 2017, \$10,150,000; and

20 “(E) for fiscal year 2018, \$9,400,000.”; and

21 (2) by striking paragraph (2);

22 (3) by redesignating paragraph (3) as para-  
23 graph (2); and

24 (4) in paragraph (2), as so redesignated—

25 (A) by striking “With respect to amounts  
26 reserved under paragraph (1)” and inserting

1           *“With respect to amounts authorized to be ap-*  
 2           *propriated by paragraph (1)”*; and

3                     *(B) by striking “board of directors” and in-*  
 4           *serting “Secretary in consultation with the board*  
 5           *of directors”.*

6           *(b) GAO STUDY.—Not later than 2 years after the date*  
 7           *of enactment of this Act, the Comptroller General of the*  
 8           *United States shall conduct an independent evaluation, and*  
 9           *submit to the appropriate committees of Congress a report,*  
 10          *regarding chimpanzees under the ownership or control the*  
 11          *National Institutes of Health. Such report shall review and*  
 12          *assess—*

13                     *(1) the research status of such chimpanzees;*

14                     *(2) the cost for the care, maintenance, and trans-*  
 15          *portation of such chimpanzees, including the cost bro-*  
 16          *ken down by—*

17                             *(A) research or retirement status;*

18                             *(B) services included in the care, mainte-*  
 19          *nance, and transportation; and*

20                             *(C) location;*

21                     *(3) the extent to which matching requirements*  
 22          *have been met pursuant to section 404K(e)(4) of the*  
 23          *Public Health Service Act (42 U.S.C. 283m(e)(4));*  
 24          *and*

1           (4) *any options for cost savings for the support*  
 2           *and maintenance of such chimpanzees.*

3           (c) *BIENNIAL REPORT*.—Section 404K(g) of the Public  
 4           *Health Service Act (42 U.S.C. 283m(g)) is amended by add-*  
 5           *ing at the end the following:*

6           “(3) *BIENNIAL REPORT*.—Not later than 180  
 7           *days after the date enactment of this Act, the Director*  
 8           *of the National Institutes of Health shall submit to*  
 9           *the Committee on Health, Education, Labor, and*  
 10           *Pensions and the Committee on Appropriations of the*  
 11           *Senate and the Committee on Energy and Commerce*  
 12           *and the Committee on Appropriations in the House*  
 13           *of Representatives a report, to be updated biennially,*  
 14           *regarding—*

15           “(A) *the care, maintenance, and transpor-*  
 16           *tation of the chimpanzees under the ownership or*  
 17           *control of the National Institutes of Health;*

18           “(B) *costs related to such care, mainte-*  
 19           *nance, and transportation, and any other related*  
 20           *costs; and*

21           “(C) *the research status of such chim-*  
 22           *panzees.”.*



Amend the title so as to read: “An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, and for other purposes.”.

Attest:

*Clerk.*

113<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

## **S. 252**

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### **AMENDMENTS**